



Health Services

LOS ANGELES COUNTY

Los Angeles County
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www.dhs.lacounty.gov

*To ensure access to high-quality,
patient-centered, cost-effective
health care to Los Angeles County
residents through direct services at
DHS facilities and through
collaboration with community and
university partners.*



www.dhs.lacounty.gov

May 26, 2015

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

APPROVAL OF AMENDMENTS TO FOUR AGREEMENTS FOR RADIATION THERAPY SERVICES (ALL DISTRICTS) (3 VOTES)

SUBJECT

Request approval of Amendments to extend the terms of four Agreements with various contractors for the continued provision of radiation therapy services for the Department of Health Services.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Authorize the Director of Health Services (Director), or his designee, to execute Amendments to the Agreements with four Contractors, identified on Attachment A, effective upon Board approval, to extend the term of each Agreement for the period July 1, 2015 through June 30, 2016, for the continued provision of as-needed radiation therapy services for multiple Department of Health Services (DHS or Department) facilities, with an adjustment to the rate structure for certain modalities, for a total estimated cost of \$964,000 with an option to further extend the Agreement term for up to six additional months.
2. Delegate authority to the Director, or his designee, to execute Amendments to the Agreements to: i) exercise the option and extend the term of the Agreements for up to six additional months, at an estimated cost of \$482,000, ii) comply with American Medical Association (AMA) revisions, Medicare and/or Medi-Cal program revisions and reimbursement directives, and iii) incorporate and/or revise certain non-substantive terms and conditions subject to review

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

26 May 26, 2015

PATRICK OGAWA
ACTING EXECUTIVE OFFICER

and approval by County Counsel, with notice to the Chief Executive Office (CEO) and the Board.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Approval of the first recommendation will allow the Director, or his designee, to execute Amendments, substantially similar to Exhibit I, to the Radiation Therapy Services Agreements to provide continued availability of radiation therapy services for patient referrals, as necessary, from Harbor-UCLA Medical Center (H-UCLA MC), High Desert Regional Health Center (HDRHC), LAC+USC Medical Center (LAC+USC MC), Martin Luther King, Jr. Outpatient Center (MLK OC), Olive View-UCLA Medical Center (OV-UCLA MC) and Rancho Los Amigos National Rehabilitation Center (RLANRC). Although the contract services are available to all of the DHS facilities, the primary users of the services are H-UCLA MC, MLK OC and OV-UCLA MC. The current Agreements are slated to expire on June 30, 2015.

The Amendments also include revised exhibits and schedules which update the Current Procedural Terminology (CPT) Codes for consistency with AMA revisions that remove obsolete procedures, modify existing procedures, add newly developed procedures and implement adjustments to the maximum allowable per case rates for intensity modulated radiation therapy (IMRT) services. In addition, these Amendments include language to provide the flexibility for DHS facilities to control costs for IMRT services when the Contractors bill on a per procedure basis by implementing a structure that will result in the County paying the lesser of the total per procedure price for an IMRT treatment plan or a maximum amount for each case.

Contractors provide County-registered and referred oncology patients with access to radiation therapy services that includes IMRT patient plans, treatment delivery sessions, 3-D treatment plans, computed tomography (CT), follow-up visits and additional as-needed support for the DHS facilities to reduce patient backlogs. Contracting with multiple providers who can provide services improves geographical access for oncology patient referrals.

The recommended Amendments will ensure the continued availability of radiation therapy services through June 30, 2016, during which time the Department will complete an enterprise-wide assessment of the radiation oncology service needs and the capacity to provide the services in order to develop a business plan that will identify the types and level of radiation therapy services DHS will provide directly or through contracted resources.

Approval of the second recommendation will authorize the Director to execute Amendments that will incorporate and/or revise non-substantive terms, conditions and Board required provisions, further extend the Agreement terms for up to a maximum of

six months through December 31, 2016; and implement revised program and reimbursement directives that may be issued by Medicare and/or Medi-Cal.

Implementation of Strategic Plan Goal

The recommended action supports Goal 3, Integrated Services Delivery, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The total estimated cost for the extension period of July 1, 2015 through June 30, 2016 is \$964,000. If exercised, the estimated cost for the optional extension, up to a maximum of six (6) months effective July 1, 2016 through December 31, 2016 is \$482,000. Attachment A provides a breakdown of the estimated costs for services provided by each Contractor. Funding for these services is included in the Fiscal Year 2015-16 Recommended Budget and will be requested in future years, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The Board approved Agreements on June 5, 2007 with four Contractors selected through a solicitation process, Santa Clarita Radiotherapy Medical Group, St. Francis Medical Center, St. Vincent Medical Center and South Bay Cancer Center, LLC; to provide temporary, as-needed radiation therapy services for patients referred by various DHS facilities. The Board also delegated authority to the Director to execute Agreements with other qualified and interested vendors who meet the DHS certification criteria and accept the County rates of payment for these services.

DHS exercised its delegated authority in 2008 to add Valley Radiotherapy Associates Medical Group, Inc., an agency that expanded the geographical access for patient referrals in the areas of the San Fernando Valley and Santa Clarita Valley and subsequently the solicitation was closed.

On July 2, 2012, the Department received written notification from Santa Clarita Radiotherapy Medical Group that effective September 1, 2012, the agency would cease operations due to their planned closure of the agency, therefore the contract was terminated.

The Board approved subsequent Amendments to extend the current Agreement terms through June 30, 2015 to allow the Department the additional time necessary to develop a solicitation for successor agreements. During the development of the solicitation, it was determined that an enterprise-wide solution was needed to address changes associated with the Affordable Care Act and, therefore, a DHS workgroup was formed with the guidance and support of the DHS Chief Medical Officer (CMO) to develop a

business plan to identify the types and level of radiation therapy services DHS will provide directly or through contracted resources.

The radiation therapy services Agreements are exempt from Proposition A contracting guidelines because the services are intermittent and as-needed and, therefore, are not subject to the Living Wage Program.

The termination provisions of each Agreement allow for termination by the County with or without cause with a 30-day advance written notice by the County.

County Counsel has approved Exhibit I as to form.

CONTRACTING PROCESS

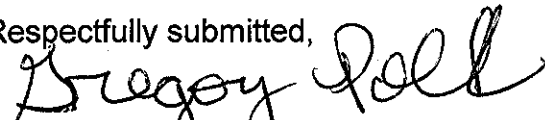
The current Agreements with radiation therapy providers were executed as a result of a Request for Proposals (RFP) solicitation process.

DHS has suspended the development of a solicitation for successor Agreements pending the completion of an enterprise-wide assessment of radiation oncology service needs and the development of a business plan.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Board approval of the recommended actions will ensure the continued provision of critically needed radiation therapy patient services referred by DHS facilities.

Respectfully submitted,


for Mitchell H. Katz, M.D.
Director

MHK:ms

Attachments (2)

c: Chief Executive Office
County Counsel
Executive Officer, Board of Supervisors

RADIATION THERAPY SERVICE AGREEMENTS

SUMMARY OF FISCAL IMPACT/FINANCING

<u>Contractor</u>	<u>Date of Board Approval 07/01/2015 to 06/30/16</u>	<u>Optional Six Months 07/01/16 to 12/31/16</u>	<u>Total Contract Sum 07/01/15 to 12/31/16</u>
South Bay Cancer Center	\$261,000	\$130,500	\$391,500
St. Francis Medical Center	\$283,000	\$141,500	\$424,500
St. Vincent Medical Center	\$105,000	\$52,500	\$157,500
Valley Radiotherapy Associates Medical Group, Inc.	\$315,000	\$157,500	\$472,500
<hr/>			
Total	\$964,000	\$482,000	\$1,446,000

Contract No. _____

RADIATION THERAPY SERVICES AGREEMENT

Amendment No. 5

THIS AMENDMENT is made and entered into this _____ day
of _____, 2015,

By and between COUNTY OF LOS ANGELES (hereafter
"County")

And _____
(hereafter "Contractor")

Business Address: _____

WHEREAS, reference is made to that certain document entitled "AGREEMENT BY
AND BETWEEN COUNTY OF LOS ANGELES AND _____ FOR
RADIATION THERAPY SERVICES", dated July 1, 2007, and further identified as County
Agreement No. H-_____, and any Amendments thereto (all hereafter referred to
as "Agreement"); and

WHEREAS, it is the intent of the parties hereto to amend Agreement to extend its
term and to provide for other changes set forth herein; and

WHEREAS, the Agreement provides that changes in accordance to Paragraph 18,
ALTERATION OF TERMS, may be made in the form of an Amendment which is formally
approved and executed by the parties; and

WHEREAS, Contractor warrants that it possesses the competence, expertise and
personnel necessary to provide services consistent with the requirements of this
Agreement and consistent with the professional standard of care for these services.

Agreement No. _____
Amendment No. 5

NOW, THEREFORE, the parties agree as follows:

1. This Amendment shall commence and be effective upon approval by the Los Angeles County Board of Supervisors.
2. Paragraph 1, TERM AND TERMINATION, of the Agreement shall be deleted in its entirety and replaced as follows:

"1. TERM AND TERMINATION

- A. The term of this Agreement shall be effective July 1, 2007 and shall continue in full force and effect to and including June 30, 2016, unless terminated sooner pursuant to the terms of this Agreement.
- B. The term of this Agreement may be extended by Director of Health Services, or his designee, beyond the stated expiration date of June 30, 2016, for a period of time not to exceed six (6) months, subject to the availability of federal, State, or County funding sources, and upon mutual written agreement of the parties. If such funding is not forthcoming, this Agreement shall terminate June 30, 2016.
- C. This Agreement may be canceled or terminated at any time by the County, with or without cause, upon the giving of at least thirty (30) calendar days advance written notice thereof to the Contractor.
- D. Notwithstanding any other provisions of this Paragraph, the failure of Contractor or its officers, employees, agents, or subcontractors, to comply with any of the terms of this Agreement shall constitute a material breach of this Agreement and the County may terminate this Agreement immediately. County's failure to exercise this right of termination shall not constitute a waiver of such right or any other termination rights exercisable by County hereunder.
- E. The County maintains databases that track/monitor Contractor performance history. Information entered into such databases may be

used for a variety of purposes, including determining whether the County will exercise an Agreement term extension option.

F. The Contractor shall notify DHS when this Agreement is within six (6) months from the expiration of the term as provided for hereinabove. Upon occurrence of this event, the Contractor shall send written notification to DHS at the address herein provided in the NOTICES Paragraph of this Agreement.”

3 . Paragraph 4, BILLING AND PAYMENT, of the body of the Agreement shall be amended to read as follows:

"4. BILLING AND PAYMENT: County shall reimburse Contractor for the services rendered hereunder pursuant to this Agreement at the rates set forth in Exhibit A, STATEMENT OF WORK, Schedule 1-A-(1), RATES PER CASE and Schedule 2-A-(2) PER TREATMENT/PROCEDURE RATES, attached hereto and incorporated herein by reference, and in accordance with the billing and payment procedures described in this Paragraph.”

4. Exhibit A, STATEMENT OF WORK, Schedule 1-A, FLAT RATE PER CASE, of the Agreement, shall be deleted in its entirety and replaced with Schedule 1-A-(1), RATES PER CASE, attached hereto and incorporated herein by reference.

5. Exhibit A, STATEMENT OF WORK, Schedule 2-A-(1), PER TREATMENT/PROCEDURE RATE (MEDI-CAL RATES), of the Agreement, shall be deleted in its entirety and replaced with Schedule 2-A-(2), PER TREATMENT/PROCEDURE RATES (MEDI-CAL RATES), attached hereto and incorporated herein by reference.

6. Except for the changes set forth hereinabove, Agreement shall not be changed in any other respect by this Amendment.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be executed by the County's Director of Health Services and Contractor has caused this Amendment to be executed on its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Mitchell H. Katz, M.D.
Director of Health Services

Contractor

By _____
Signature

Printed Name

Title

APPROVED AS TO FORM:
Mark J. Saladino
County Counsel

By _____
James Johnson,
Senior Associate County Counsel

EXHIBIT A
STATEMENT OF WORK

RADIATION THERAPY SERVICES AGREEMENT

SCHEDULE 1-A-(1)

RATES PER CASE

<u>Type of Service</u>	<u>Maximum Rate of Payment</u>
Flat Rate Radiation Therapy Services*	\$_____per case for County-Responsible patients*
Intensity- Modulated Radiation Therapy Services (IMRT)**	Up to \$_____ per case for County-responsible patients**

* A full range of associated services are included in the Flat Rate Per Case, including, but not limited to, consultations, planning, physics, simulations, blocks/wedges, casts, laboratory and x-rays.

**Contractor may bill and be paid on a fee-for-service basis up to a maximum of \$_____ for IMRT services to County-responsible patients.

Note: Contractor shall bill the third-party payer for services rendered to patients covered by Medi-Cal or other third-party payer insurance.

EXHIBIT A
STATEMENT OF WORK

RADIATION THERAPY SERVICES AGREEMENT

SCHEDULE 2-A-(2)

PER TREATMENT/PROCEDURE RATE (MEDI-CAL RATES)

<u>TREATMENT CATEGORIES</u>	<u>CPT CODE</u>	<u>RATE*</u>
<u>Complex Definitive (7-8 weeks therapy)</u>	77778	\$183.05
Primary Full Breast		
Prostate (Standard-4 field)		
Larynx (b.i.d. Treatment)		
Primary Head & Neck		
Multi-fractioned Head & Neck		
Rectum/Anus with or without surgical excision		
Esophageal-Definitive w/Biopsy only		
Sarcomas-extremities		
Gallbladder		
Bladder		
Pituitary		
Brain Tumors		
Nasopharyngeal Carcinoma		
Pancreas-long course		
Single or Multi-fractioned lung		
Advanced Chest Wall Recurrence - Breast		
Definitive GYN Cancers (w/Boosts, Para-Aortic Treatment)		
(Cervix, vulva, vaginal, tubal)		
Craniospinal Irradiation		
Post-op Endometrium with Para-Aortic Lymph Nodes		
Post-op Cervix with Para-Aortic Lymph Nodes		
Post-op Vagina with Para-Aortic Lymph Nodes		
Post-op Vulva with Para-Aortic Lymph Nodes		
<u>Definitive (5-6 weeks therapy)</u>	77777	\$163.05
Pre/Post-op breast/adjuvant or recurrent chest wall 2-3 field		
Post-op Esophageal		
Post-op Endometrium		
Mantle only (Hodgkin's) or Consolidated Treatment		
Hodgkin's (multiple sites)		
Non Hodgkin's Lymphoma - Extended Field		
Non Hodgkin's Lymphoma (Head and Neck)		
Kaposi's Sarcoma - Long Course		

EXHIBIT A
STATEMENT OF WORK

RADIATION THERAPY SERVICES AGREEMENT

SCHEDULE 2-A-(2)

PER TREATMENT/PROCEDURE RATE (MEDI-CAL RATES)

<u>TREATMENT CATEGORIES</u>	<u>CPT CODE</u>	<u>RATE*</u>
<u>Definitive (5-6 weeks therapy) (Cont'd)</u>	77777	\$163.05
Post-op Colon		
Post-op Prostate		
Recurrent Cervix (curative intense-external only)		
Skin Cancer (4-6 week course)		
Pos-op Head and Neck		
Post-op Cervix CA		
Post-op Vaginal CA		
Post-op Vulva CA		
Definitive Cervix		
Testicular CA - Seminoma/Non-Seminoma		
Pancreas - short course		
Thyroid and Mediastinal Tumors		
<u>Complex Standard</u>	77776	\$146.61
Emergency Palliative (e.g., Spinal Cord)		
Bone Mets (>3 sites treated at the same time)		
Whole Brain C-2		
Skin CA - short course (< 3 weeks)		
Kaposi Sarcoma - AIDS related		
Palliative Lung - short course (3-5 weeks)		
Palliative Pelvis - short course (3-5 weeks)		
Graves Ophthalmopathy		
Orbital Pseudotumor		
Hemi-Body Lower Half		
Limited Field Hodgkin's or No-Hodgkin's		
Consolidative Therapy or Palliative		
<u>Standard</u>	77776	\$130.98
Bone Mets (1-2 Sites treated at the same time)		
Whole Brain		
Hip/Heterotopic Bone-Formation		
Pre-op Rectum		
Pre-op Bladder		
Kaposi Sarcoma - short course (< 1 week)		

Agreement No. _____
Amendment No. 5

EXHIBIT A
STATEMENT OF WORK

RADIATION THERAPY SERVICES AGREEMENT

SCHEDULE 2-A-(2)

PER TREATMENT/PROCEDURE RATE (MEDI-CAL RATES)

<u>TREATMENT CATEGORIES</u>	<u>CPT CODE</u>	<u>RATE*</u>
<u>Other (Non-Malignant)</u>	77776	
Pterygium (3 treatments)	372.40	
One area		\$58.35
Two areas		\$116.70
Keloid	701.4	\$71.99
<u>Treatment Planning Ultrasound</u>	76872	\$67.65
<u>Follow-up Visits</u>	99214	\$37.50
All categories include two follow-up visits per year for the first two years (After two years, additional approval required)		
<u>CT Treatment Planning (CPT4)</u>	77301	\$136.22
<u>3-D Conformal Radiation Therapy Treatment Codes</u>		
Initial Consult	99241	\$30.60
	99242	\$47.20
	99243	\$59.50
	99244	\$81.40
	99245	\$102.20
Treatment Planning Complex	77263	\$210.10
CT Simulation Complex	77295	\$811.13
Simulation Complex	77290	\$155.89
Simulation Intermediate	77285	\$127.02
Simulation Simple	77280	\$80.14
Isodose Complex	77315	\$121.13
<i>Isodose Plan, Simple</i>	77306	\$121.13
<i>Isodose Plan, Complex</i>	77307	\$121.13
Special Therapy Port Plan	77321	\$179.20
Special Medical Radiation Physics Consultation	77370	\$95.19
Special Treatment Procedures	77470	\$253.65
x 7 Basic Dosimetry Calculation(s)	77300	\$126.06
x 9 Continuing Medical Physics	77336	\$55.08
x 9 Port Films (Verification)	77417	\$57.30

EXHIBIT A
STATEMENT OF WORK

RADIATION THERAPY SERVICES AGREEMENT

SCHEDULE 2-A-(2)

PER TREATMENT/PROCEDURE RATE (MEDI-CAL RATES)

<u>TREATMENT CATEGORIES</u>	<u>CPT CODE</u>	<u>RATE*</u>
<u>3-D Conformal Radiation Therapy Treatment Codes (Cont'd)</u>		
x 9 Weekly Treatment Management	77427	\$114.37
x 7 Treatment/Immobilization Devices	77334	\$129.80
x 40 Daily Treatment Delivery	77413	\$50.62
<i>Radiation Treatment three (3) or more areas 6-10MeV</i>	<i>G6012</i>	<i>\$50.62</i>
	77414	\$58.83
<i>Radiation Treatment three (3) or more areas 11-19MeV</i>	<i>G6013</i>	<i>\$58.83</i>
	77416	\$67.04
<i>Radiation Treatment three (3) or more areas 20MeV</i>	<i>G6014</i>	<i>\$67.04</i>
Follow Up Visit	99211	\$12.00
	99212	\$18.10
	99213	\$24.00
	99214	\$37.50
	99215	\$57.20

Intensified Modulated Radiation Therapy (IMRT) Radiation Therapy Treatment Codes

Pre IMRT Treatment Planning Codes:

Initial Consult	99241	\$30.60
	99242	\$47.20
	99243	\$59.50
	99244	\$81.40
	99245	\$102.20
Physician Clinical Treatment Planning - Complex	77263	\$210.10
Initial Simulation (position/leveling)	77290	\$155.89
Physics Consultation	77370	\$95.19
Special Treatment Procedure	77470	\$253.65
Ultra Sound Localization (if required)	76950	\$57.57
x 4 or less Immobilization Treatment		
<i>Ultrasonic guidance for placement of radiation Therapy fields</i>	<i>G6001</i>	<i>\$57.57</i>
Devices - Complex	77334	\$129.80

EXHIBIT A
STATEMENT OF WORK

RADIATION THERAPY SERVICES AGREEMENT

SCHEDULE 2-A-(2)

PER TREATMENT/PROCEDURE RATE (MEDI-CAL RATES)

<u>TREATMENT CATEGORIES</u>	<u>CPT CODE</u>	<u>RATE*</u>
<u>IMRT Dosimetry Treatment Planning Codes:</u>		
IMRT Dosimetry Treatment Plan x one per course	77301	\$1,237.18
x 7 or less Basic Dosimetry Calculation(s)	77300	\$126.06
<u>Post IMRT Planning Treatment Codes:</u>		
Simulation Simple	77280	\$80.14
x 44 or less IMRT Daily Treatment Delivery	77418	\$523.76
<i>Intensity Modulated Treatment Delivery single or multiple fields</i>	G6015	\$523.76
x 4 or less Treatment Devices per port		
or fluence diagram – Complex	77334	\$129.80
x 9 or less Continuing Medical Physics	77336	\$55.08
x 9 or less Port Films (verification of iso-center set up every 5 fractions)	77417	\$57.30
x 9 or less Physicians Clinical Treatment Management (per 5 fractions)	77427	\$114.37
Ultra Sound Localization (if needed)	76950	\$57.57
<i>Ultrasonic guidance for placement of radiation Therapy fields</i>	G6001	\$57.57
Follow Up Visit	99211	\$12.00
	99212	\$18.10
	99213	\$24.00
	99214	\$37.50
	99215	\$57.20
<u>3-D Conformal Radiation Therapy Treatment Codes with IMRT Boost:</u>		
Initial Consult	99241	\$30.60
	99242	\$47.20
	99243	\$59.50
	99244	\$81.40
	99245	\$102.20
Treatment Planning Complex	77263	\$210.10
CT Simulation Complex	77295•	\$813.13
Simulation Complex	77290	\$155.89

EXHIBIT A
STATEMENT OF WORK

RADIATION THERAPY SERVICES AGREEMENT

SCHEDULE 2-A-(2)

PER TREATMENT/PROCEDURE RATE (MEDI-CAL RATES)

<u>TREATMENT CATEGORIES</u>	<u>CPT CODE</u>	<u>RATE*</u>
Simulation Intermediate	77285	\$127.02
Simulation Simple	77280	\$80.14
Isodose Complex	77315	\$121.13
<i>Isodose Plan, Complex</i>	<i>77307</i>	<i>\$121.13</i>
Special Therapy Port Plan	77321	\$179.20
Special Medical Radiation Physics Consult	77370	\$95.19
Special Treatment Procedures	77470	\$253.65
x 7 Basic Dosimetry Calculation(s)	77300	\$126.06
x 9 Continuing Medical Physics	77336	\$55.08
x 9 Port Films (Verification)	77417	\$57.30
x 9 Weekly Treatment Management	77427	\$114.37
x 7 Treatment/Immobilization Devices	77334	\$129.80
x 40 Daily Treatment Delivery	77413	\$50.62
<i>Radiation Treatment three (3) or more areas 6-10MeV</i>	<i>G6012</i>	<i>\$50.62</i>
	77414	\$58.83
<i>Radiation Treatment three (3) or more areas 11-19MeV</i>	<i>G6013</i>	<i>\$58.83</i>
	77416	\$67.04
<i>Radiation Treatment three (3) or more areas 20MeV</i>	<i>G6014</i>	<i>\$67.04</i>
Follow Up Visit	99211	\$12.00
	99212	\$18.10
	99213	\$24.00
	99214	\$37.50
	99215	\$57.20
<u>IMRT Boost CPT Codes:</u>		
x 1 IMRT Dosimetry Treatment Plan	77301	\$1,237.18
x 10 IMRT Daily Treatment Delivery	77418	\$523.76
<i>Intensity Modulated Treatment Delivery single or multiple fields</i>	<i>G6015</i>	<i>\$523.76</i>
x 1 Ultra Sound Localization (if needed)	76950	\$57.57
<i>Ultrasonic guidance for placement of radiation Therapy fields</i>	<i>G6001</i>	<i>\$57.57</i>
<u>Stereotactic Radiosurgery:</u>		
SRS Complete (1 session)	G0173	\$407.83
Special Dosimetry	77331	\$53.75

EXHIBIT A
STATEMENT OF WORK

RADIATION THERAPY SERVICES AGREEMENT

SCHEDULE 2-A-(2)

PER TREATMENT/PROCEDURE RATE (MEDI-CAL RATES)

<u>TREATMENT CATEGORIES</u>	<u>CPT CODE</u>	<u>RATE*</u>
Tx Device, Custom Blocking Mask	77334	\$129.80
Tx Device, Additional (x4 of fields)	77334	\$129.80
Basic Dosimetry	77300	\$126.06
Basic Dosimetry, Add (x.W of fields)	77330	\$126.06
Continuing Rad, Physics	77336	\$55.08
Special Physics Consultation	77370	\$95.19
3D Simulation/3d Isodose	77295	\$813.13
Clinical Tx Plan	77263	\$210.10
SRS Tx Mgt	77432	\$284.32
Special Treatment Procedure	77470	\$253.65
Complex Isodose Plan	77315	\$121.13
<i>Isodose Plan, Complex</i>	<i>77307</i>	<i>\$121.13</i>
Application/Removal of Stereotactic Frame	20660	\$126.58

BRACHYTHERAPY

Prostate HDR:

3D Simulation	77295	\$813.13
Brachytherapy Isodose Plan: Complex	77328	\$258.12
<i>Brachytherapy Isodose Plan, Complex</i>	<i>77318</i>	<i>\$258.12</i>
Basic Radiation Dosimetry, Calculation	77300	\$126.06
Continuing Medical Physics Consultation	77336	\$55.08
U/S Guidance Brachy	76965	\$239.44
Special Physics Consultation	77370	\$95.19
Transperi Needle Place, Prostate	55875	\$627.11
Remote Afterload Brachy:>12 Sources	77784	\$1,168.99

GYN HDR T&O

3D Simulation	77295	\$813.13
Simulation: Complex	77290	\$155.89
Treatment Devices: Simple	77332	\$53.63
Brachytherapy Isodose Plan: Complex	77328	\$258.12
<i>Brachytherapy Isodose Plan, Complex</i>	<i>77318</i>	<i>\$258.12</i>
Basic Radiation Dosimetry Calculation	77300	\$126.06
Continuing Medical Physics Consultation	77336	\$55.08
Special Physics Consultation	77370	\$95.19
Insert Uteri Tandems/Ovoids	57155	\$321.75
Remote Afterload Brachy:>12 Sources	77784	\$1,168.99

Agreement No. _____

Amendment No. 5

EXHIBIT A
STATEMENT OF WORK

RADIATION THERAPY SERVICES AGREEMENT

SCHEDULE 2-A-(2)

PER TREATMENT/PROCEDURE RATE (MEDI-CAL RATES)

<u>TREATMENT CATEGORIES</u>	<u>CPT CODE</u>	<u>RATE*</u>
Brachytherapy Isodose Plan: Intermediate	77327	\$177.97
<i>Brachytherapy Isodose Plan, Intermediate</i>	77317	\$177.97
<u>GYN HDR Interstitial</u>		
3D Simulation	77295	\$813.13
Brachytherapy Isodose Plan: Complex	77328	\$258.12
<i>Brachytherapy Isodose Plan, Complex</i>	77318	\$258.12
Basic Radiation Dosimetry Calculation	77300	\$126.06
Continuing Medical Physics Consultation	77336	\$55.08
Special Physics Consultation	77370	\$95.19
Insert Uteri Tandems/Ovoids	57155	\$321.75
Genital Surgery Procedure	58999	\$480.00
Remote Afterload Brachy:>12 Sources	77784	\$1,168.99
Brachytherapy Isodose Plan: Simple	77326	\$120.41
<i>Brachytherapy Isodose Plan, Simple</i>	77316	\$120.41
<u>HDR Afterloading Brachy Mammo</u>		
Office Consultation	99245	\$102.20
Clinical Treatment Planning	77263	\$210.10
Simulation: Simple	77280	\$80.14
Radiology	77014	\$136.22
3D Simulation	77295	\$813.13
Special Treatment Procedure	77470	\$253.65
Basic Radiation Dosimetry Calculation	77300	\$126.06
Place Breast Cath for Rad	19297	\$58.03
Continuing Medical Physics Consultation	77336	\$55.08
Special Physics Consultation	77370	\$95.19
Remote Afterload Brachy: 1-4 Sources	77781	\$654.21
<u>Prostate seed Implant (LDR):</u>		
Office Consultation	99245	\$102.20
Clinical Treatment Planning	77263	\$210.10
Echograp Trans R, Pros Study	76873	\$107.95
Brachytherapy Isodose Plan: Complex	77328	\$258.12
<i>Brachytherapy Isodose Plan, Complex</i>	77318	\$258.12

EXHIBIT A
STATEMENT OF WORK

RADIATION THERAPY SERVICES AGREEMENT

SCHEDULE 2-A-(2)

PER TREATMENT/PROCEDURE RATE (MEDI-CAL RATES)

TREATMENT CATEGORIES

CPT CODE

RATE*

* Proposed rates shall be at the Medi-Cal rates.

Contractor shall bill the third-party payer for services rendered to patients covered by Medi-Cal or other third-party payer insurance.

In the event that the Medicare or Medi-Cal program, or both, establish revised reimbursement directives, Director of Health Services, or his designee will be authorized to revise the billing procedures to comply with such Medicare or Medi-Cal revisions and directives. In such circumstance, Director shall inform Contractors in writing of the revised billing procedures and the effective date thereof.

The American Medical Association (AMA) released some 2015 CPT Code changes which were effective January 1, 2015, with some changes that effect radiation oncology procedure codes. This Schedule 2-A-(2) incorporates those changes indicated in **bold** that represent the new replacement codes with indicated strikeouts for those codes that have been deleted.